

SHERIFF'S DEPARTMENT

A Tradition of Service

DATE:

February 8, 2007

OFFICE CORRESPONDENCE

FILE NO.

FROM:

JOHNNY G. JURADO, COMMANDER LEADERSHIP AND TRAINING DIVISION TO:

CARL H. DEELEY, CAPTAIN

LANCASTER STATION

SUBJECT:

EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS

USE OF FORCE, OCTOBER 7, 2006, FO2182537

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on October 7, 2006.

The Committee met on February 8, 2007 and consisted of me and Commanders Eric B. Smith (Leadership and Training Division), and Cecil W. Rhambo (FOR I). The Committee determined the use of force by and Deputies Shannon Knight, and Shannon Knight, was within Department policy.

Please advise the analysis and deputies of this finding.

JGJ:MOT:mt

Los Angeles County Sheriff's Department Sup visor's Report on Use of lece Page 1 of 4

		Ir	ncident l	nformation							
URN:	406-223	406-22309-1135-145 Date: Saturday, October 7, 2006 Time: 2250 Hrs.									
Location:			Sier	та View Ave.							
City or Station	10			Lancast	er						
Bureau/Statio	n/Facility:	FOR I/La	ncaster St	ation		nvestigation	: YES 🗆	ио⊠			
		E		Witnesses							
Emp. #	Last Name		First	Name			Middle Nam	ie 🛌			
Етр. #	Last Name		First	Name			Middle Nam	1e			
Emp. #	Last Name		First	Name			Middle Nam	ne			
		Non	-Employ	ee Witness	es						
Last Name		First Name			Middle N	lame		Age	D.O.B.		
None Street Address			City			Zip Code	Work Ph.	Home	Ph		
Street Address			City			Zip Code	VVOIK FII.	Tionia			
Last Name		First Name			Middle I	Vame		Age			
Street Address			City			Zip Code	Work Ph.	Home	Ph.		
Last Name		First Name			Middle Name			Age	D.O.B.		
Street Address			City			Zip Code	Work Ph.	Home	Ph.		
	14.11		On Duty	Supervisor		TALL MANAGEMENT			4000 . 44.00		
Emp_#	Last Name	First Name		Middle Name		Rank Sgt.	Present YES NO		to Incident		
Emp. #	Last Name	First Name		Middle Name		Rank	Present YES NO		to Incident		
			Watch	Sergeant				11.11	iem.		
Emp. #	Last Name	Bullard		Name	Steven		Middle Nan	ne R.			
			Watch Co	ommander	neven			IX.	000 AY Y		
Emp. #	Last Name			Name	****		Middle Nar				
]	Hindman		V	Villiam			M.			
Watch Commi	ander's Signature:						Emp #:				
							Emp#:				
Copy Provided	d to Employee by:	-					р <i>.</i> г				
Supervisor Co		Anderson			Emp#:						
			(Print)			Emp	#: [Date Signe	d:		
Unit Command	ders Signature:										
FO#	STD Use Only							Unit Comm P.S.T.D.He Employee			

See Reverse

Supervisor's κεροπ on use of Force

URN: 406-22309-1135-145

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М	е	ti	7	o	Q

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (impact)	(FS)	Firearm (Shotgun)	(CN)	Restraint Device (Capture Net)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(II)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(SG)	37mm Stinger
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion	(DB)	Dog Bite	(PA)	Paralysis
(BR)	Bruise	(FR)	Fractures	(PW)	Puncture Wound
	Burn		Gunshot	(SD)	Soft Tissue Damage
(CP)	Complaint of Pain	(HB)	Human Bite	(ST)	Sprain/Twists
(CO)	Concussion	(LC)	Lacerations	(UN)	Unconscious
(DH)	Death				Refused Med Treatment
(DI)	Dislocation	(OD)	Organ Damage	(NN)	NONE

Body Part Injured

,					
(AD)	Abdomen	(FA)	Face	(HI)	Hip
(AK)	Ankle	(FE)	Feet	(IN)	Internal
(AR)	Arm	(Fi)	Fingers	(KN)	Knees
(BK)	Back	(GE)	Genitals	(LE)	Leg
(BT)	Buttocks	(GR)	Groin	(NK)	Neck
(CH)	Chest	(HD)	Hands		Nose
(EL)	Eibow	(HE)	Head		Shoulder
				(WR)	Wrist

FORCE APPLIED

(Only One Code Per Block)

FURUE AFFLIED		(Only One Code Per Block)				
Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Type of Injury (Code)	Body Part (Code)		
E#1	S#1	TT	NN	•		
E#2	S#1	TT :	NN	1		
E#4	S#1	TT	NN	1		
E#1	S#1	СТ	NN			
E#2	S#1	СТ	FR	EL		
E#3	\$# 1	ÇT	NN			
E#4	S#1	ÇT	NN			
S#1	E#1	RS	NN			
\$ # 1	E#2	RS	NN			
S#1	E#3	RS	NN			
S#1	E#4	RS	NN			
	4					
		:				
		,				

INVO ED EMPLOYEE INFORMATION

	URN: 406-2	2309-11	35-145				P	age <u>3</u> of <u>4</u>
i			Involved Employee					
E1	Employee # Las	t Name		rst Na	ame _			Middle Name
	Sex:	Race:	Unit of Assignment:		Work	Assignmer	it (U	nit #, Module, etc.):
	Maie	W	Lancaster Station				111/	4
	Shift: Day Day PM	⊠ R	egular Shift OT Shift Off Dut	/ A	Age:	Height: 6' 03"		Weight: 215 lbs.
		→ If Ad	mitted, Name of		Corone	er Case #	Dire	ected Force
	Medical Exam/Treatment	Hosp					Sign	nificant Force
E <u>2</u>	Employee # Las:	t Name	Knight Fi	rst Na		hannon		Middle Name
	Sex:	Race:	Unit of Assignment:		-		nt (I)	nit #, Module, etc.):
	Male Female	W	Lancaster Station				113	
	Shift:	1 7 7	Lancaster Otation	1	Age:	Height:		Weight:
	M EM ☐ Day ☐ PM	⊠ R	egular Shift 🔲 OT Shift 🔲 Off Dub			5' 07"		180 lbs.
	Medical Exam/Treatment		mitted, Name of bital:		Coror	er Case#	1	ected Force initioant Force
		1103			-1		O.g.	
E3	Employee# Las	t Name	F	rst Na	ame _			Middle Name
	Sex:	Race:	Unit of Assignment:		Work	Assignme	nt (U	nit #, Module, etc.):
	☐ Male ☒ Female	W	Lancaster Station				114	4
	Shift:			1	Age:	Height:		Weight:
	EM Day PM		egular Shift OT Shift Off Dut	/		5' 05"	La	120 lbs.
	Medical Exam/Treatment	☐ If Adr. Hosp	nitted, Name of ital:		Coro	ner Case#		irected Force 🔀 gnificant Force 🔲
E <u>4</u>	Employee # Last	t Name	F	rst Na	ame_			Middle Name
	Sex: Female	Race:	Unit of Assignment:		Work	Assignme	nt (U	Init #, Module, etc.):
	Shift:	A	Compton Station	1	\ao:	Height:		Weight
	EM Day PM	⊠ R€	egular Shift 🔲 OT Shift 🔲 Off Dut	y j	Age:	5' 08"		180 lbs.
	Medical Exam/Treatment	If Adm	itted, Name of		Cor	oner Caser	· .	irected Force
	Micaidal Examini Comicin E	-Hospit	al:				3	ignificant Force
E_	Employee# Last	Name	F	irst Na	ame			Middle Name
t	Sex: Male Female	Race:	Unit of Assignment:		Work	Assignme	nt (U	Jnit #, Module, etc.):
	Shift: Day PM	☐ Re	egular Shift OT Shift Off Dut	y /	Age:	Height:		Weight
	Medical Exam/Treatment		Coroner Case# Directed Force Significant Force					
	Employee # Last	⊣ Hospit		rst N	ame			Middle Name
E_							1.0	
	Sex: Male Female	Race:	Unit of Assignment:				nt (C	Jnit #, Module, etc.):
	Shift: Day PM		egular Shift 🔲 OT Shift 📋 Off Dut	y /	Age:	Height:	- 1-	Weight:
	Medical Exam/Treatment	If Adm Hospit	itted, Name of al:		Core	oner Case	T	Directed Force Significant Force

Supervisor's Report on Use of Force USPECT INFORMATION

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			Susp	ect Inform	nation								
S_	Last Name	Arelland	, Fi	rst Name	Jose	ph Midd	lle Name						
	AKA Last Name			First Nan	ne	M	iddle Name						
	Sex:	Race:	Street Address:			City: State &							
	Male Female	H Db		Ago:	Height	D.O.B.	Weight:	Armed?					
	Work Phone:	Home Pho	one:	Age: 22	5' 07"	06/29/84	230 ibs.	Anned					
	Booking #: 9235808	Primary C	harge: 148/	A) PC	Secondary (al History					
	Hospital Admission?		Treatment At: La			0	Case#: Menta	History					
	Under Influence:			Incasion o	1								
	Suspect Interview												
	Date: 10/08/06		Time: 1145 hrs.		Audiotape:	Videota	pe: 🛛						
				ect Infor	mation		11 . 14						
<u>S_</u>	Last Name		Fi	rst Name			dle Name						
	AKA Last Name			First Nan	ne	City:	liddle Name						
	Sex: Maie Female	Race:	Street Address:	reet Address:			State &	Zip Code:					
	Work Phone:	Home Pho	one:	Height:	D.O.B.	Weight:	Armed?						
	Booking #:	Primary C	harge:	Secondary Charge: Criminal History									
	Hospital Admission?	Rec'd	Treatment At:	O									
	Under Influence: YES NO Substance: Photos of Suspect's Injuries YES NO												
				uspect Int	erview								
	Date:		Time:										
				ect Infor	nation								
S_	Last Name		Fi	rst Name			dle Name						
	AKA Last Name			First Nan	ne		liddle Name						
	Sex: Male Female	Race:	Street Address:			City:	State &	State & Zip Code:					
	Work Phone:	Home Pho	one:	Age:	Age: Height: D.O.B.		Weight:	Armed?					
:	Booking #.	Primary C	harge:		Secondary		Crimit	nal History					
	Hospital Admission?	Rec'd	Treatment At:			Coronei	Case#: Menta	al History 🔲					
	Under Influence: YES NO	Substance	:		Photos	of Suspect's Inju	uries YES	S NO					
				uspect Int	erview								
	Date:		Time:		Audiotape:	Videota	pe:						